

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>3/78</u>		2 Serial/Patent # <u>28/735 62.1</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$ <u>40.00</u>								
<input checked="" type="checkbox"/>	Other			\$ <u>9.00</u>								
		7 TOTAL AMOUNT OF REFUND		\$ <u>49</u>								
10 REASON:		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check										
	Duplicate Payment	Credit Deposit A/C #:										
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<i>Total amount of the Refund should have been \$49.00</i>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>C. D. H. H.</u>		TITLE: <u>D.</u>										
SIGNATURE: <u>C. D. H. H.</u>		PHONE: <u>308 1202</u>										
OFFICE: <u>Region 1</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>B. J. J. J.</u>		DATE: <u>4-20-98</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3/78</u>		2 Serial/Patent # <u>08/735 627</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input checked="" type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input checked="" type="checkbox"/>	Assignment			\$ <u>40.00</u>
<input checked="" type="checkbox"/>	Other			\$ <u>9.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>49.00</u>
		8 TO BE REFUNDED BY:		
		<input checked="" type="checkbox"/> Treasury Check		
		Credit Deposit A/C #:		
		<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 9 </div>		
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
<p><i>Total amount of the Refund should have been \$49.00</i></p>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>C. Barry</u>		TITLE: <u>LT.</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 1202</u>		
OFFICE: <u>Tam 1</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>4-20-98</u>		

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**Office of Finance
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